

PTO/SB/04-05

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INDICATION FORM**

Application Number	09-761421
Filing Date	
First Named Inventor	Robert L. Jones
Title	
Art Unit	
Examiner Name	
Attorney Docket Number	

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

 Practitioners associated with the Customer Number:

OR

 Practitioner(s) named below:

Name	Registration Number
Leslie A. Thompson	54584

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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Firm or Individual Name	Leslie A. Thompson Esq. Registration # 54,584		
Address	3022 WANDER S.N. W.		
City	Washington	State	DC
Country	USA		
Telephone	202-285-8719	Email	LATLAW@hotmail.com

I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/06)**SIGNATURE of Applicant or Assignee of Record**

Signature	Robert L. Jones	Date	1-30-06
Name	Robert L. Jones	Telephone	504-2378198
Title and Company	Oliver & Jones		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

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Application Number	09-761421
Filing Date	
First Named Inventor	Robert L Jones
Art Unit	
Examiner Name	
Attorney Docket Number	

I hereby revoke all previous Powers of attorney given in the above-identified application.



A Power of Attorney is submitted herewith.

OR

I hereby appoint the practitioners associated with the Customer Number:

Please change the correspondence address for the above-identified application to:

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OR

<input checked="" type="checkbox"/> Firm or Individual Name	Leslie A. Thompson Esq. Registration No. 54584		
Address	302-2 WARDEN St N.W.		
City	Washington	State	DC
Country	U.S.A.		
Telephone	202-285 8719	Email	LATLAW@Hotmail.com

I am the:



Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature	Robert L. Jones		
Name	Robert L. Jones		
Date	1-30-07	Telephone	504 237 8158

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